

## (1) PLACE OF BIRTH

County of Williamsburg  
 Township of High P.  
 OF  
 Inc. Town of .....  
 OF  
 City of ..... (No. .... St.; .... Ward)

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA  
 Bureau of Vital Statistics  
 State Board of Health

File No.—For State Registrar Only

30483

Registration District No. 7301 Registered No. 122  
 (For use of Local Registrar)

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child William James Miller If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? <u>Boy</u>	(4) Twin or Triplet? To be answered only in event of Twin or Triplet	(5) Number in order of birth	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>Feb 28</u> 19 <u>23</u> (Name of Month) (Day) (Year)
FATHER.			MOTHER.	
(8) FULL NAME <u>Henry Miller</u>			(14) NAME BEFORE MARRIAGE <u>Rena James</u>	
(9) PRESENT POSTOFFICE OF FATHER <u>Hamlet S.C.</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>Hamlet S.C.</u>	
(10) COLOR OR RACE <u>Negro</u>			(16) COLOR OR RACE <u>Negro</u>	
(11) AGE AT LAST BIRTHDAY <u>30</u> (Years)			(17) AGE AT LAST BIRTHDAY <u>23</u> (Years)	
(12) BIRTHPLACE <u>S.C.</u>			(18) BIRTHPLACE <u>S.C.</u>	
(13) OCCUPATION <u>Fanner</u>			(19) OCCUPATION <u>Housewife</u>	
20) Number of children born to mother, including present birth <u>5</u>			21) Number of children of this mother now living, including present birth <u>5</u>	

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was alive at 10 A.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Jane Samuel(24) State whether Physician or Midwife Midwife(25) Address of Physician or Midwife Hamlet S.C.

Given name added from a supplemental report

(26) Witness

(Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed Jan 6 1923

(28)

Local Registrar

\*When there was no attending physician or midwife, then the father, householder, etc., should make this return. If a child breathes even once, it must not be reported as stillborn. No report is desired of stillbirths before the fifth month of pregnancy.